



Administrative Policies and Procedures: 14.7

Subject:	Classification of a Child Protective Services Investigation Case
Authority:	TCA 37-1-401 et seq; 37-1-601 et seq; 37-5-105; 37-5-106; 37-5-107
Standards:	COA: CPS 5.07
Application:	All Department of Children's Services Child Protective Services Employees and Special Investigations Unit Employees

Policy Statement:

A Child Protective Services investigation case must be classified within thirty (30) days after receipt of report and a determination made to close the case, provide services, refer to community providers for on-going services, or transitioned to a Family Service Worker.

Purpose:

To ensure that CPS cases are properly classified, CPS Investigators will use empirically derived assessment processes and classification criteria in order to maximize resources and produce fair and consistent decisions affecting the child and family, the alleged perpetrator and refer children and families for assessment of needed services or link to resources in the community.

Procedures:

A. Classifying the case	<p>A report of child abuse by the alleged perpetrator may be classified as "indicated" if there is preponderance of evidence, in light of the entire record, which indicates the individual committed physical, severe or child sexual abuse, as defined <i>TCA §§ 37-1-102 or 37-1-602</i>. Proof of one or more of the following factors, linking the abusive act(s) to the alleged perpetrator, will constitute preponderance of evidence:</p> <ol style="list-style-type: none">1. Medical and/or psychological information from a licensed physician, medical center, or other treatment professional that substantiates that child abuse occurred;2. An admission by the perpetrator;3. The statement of a credible witness or witnesses to the abusive acts;4. The child victim's statement that the abuse occurred. The following elements are typical of sexually abusive situations, and should be considered in assessing the weight to be given to the child's statement in cases where
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sexual abuse is alleged:

a) **History of relationship**

- ◆ Multiple incidents occurring over a period of time. This situation is most common where the alleged perpetrator is a relative, friend, or caretaker of a victim.
- ◆ Progression of physical touching, from activities that appear acceptable at first, but become sexual in nature.

b) **Details of Abuse**

- ◆ Explicit knowledge of sexual activity. The victim relates explicit details of the sexual experience. This is especially relevant where the details are beyond the knowledge typical of a child of the victim's age.
- ◆ Specifics of details, such as a location and/or time, even if a specific date is not given, or other details of the environment. For a preschool age child, such detail is not expected. As a child's developmental age increases, more detail is expected.
- ◆ Consistency. If the child is interviewed more than once, the responses and statements are generally consistent from one interview to the next. Parts of the story are corroborated by other circumstances and/or witnesses.

c) **Secrecy.** The child indicates that he/she was instructed, asked, and/or threatened to keep the abuse secret.

d) **Coercion.** Elements of coercion, persuasion, or threats to get the child to engage in the activity.

5. Physiological indicators or signs of abuse, including, but not limited to, cuts, bruises, burns, or broken bones.

6. Physical evidence which tends to substantiate the allegations, including, but not limited to, the following:

- a) Presence of child pornography or erotica such as sexually oriented books, magazines, articles;
- b) Video equipment, cameras, electronic communication devices, photos, negatives, slides, movies, video cassettes, drawings of children;
- c) Personal letters and other correspondence from pedophiles;
- d) Diaries indicating sexual abuse occurred;
- e) Sexual aides (as described by child);
- f) Sexual "souvenirs", (e.g., panties or other similar items belonging to the victim or other children);
- g) List of other victims, other offenders;
- h) Weapons, (as described by child);

	<ul style="list-style-type: none">i) Bed, clothing, sheets, etc., which contain bodily fluids, pubic hairs and other physical evidence. <p>7. Behavioral indicators. Child abuse often leads to behavioral manifestations in the child victim. The existence of some or all of the following behavioral patterns may be indicative of child abuse in a given case, and corroborate other evidence of abuse:</p> <ul style="list-style-type: none">a) Indicators in children (preadolescent)<ul style="list-style-type: none">◆ Stylized behavior: excessive seductiveness◆ Unusual interest in sex organs of self or others (either children or adults)◆ Fearful or suspicious of adults◆ Tugging at clothing in genital area◆ Tired, lethargic, sleepy appearance◆ Regressive behaviors: such as whining, negative changes in toilet habits◆ Persistent fears or overwhelming nightmares◆ Blaming or dislike of self◆ Change in school grades◆ Public or excessive masturbation◆ Developmental delays◆ Child is perceived and/or treated by parent as “bad”, unusual, and/or “different”◆ Behavioral extremes (e.g.: extremely aggressive or passive; persistent crying)◆ Child assumes parental role (i.e., “taking care” of one or both parents, and/or siblings, beyond normal “role-playing” for child’s age)◆ Excessive clingingb) Indicators in Adolescents:<ul style="list-style-type: none">◆ Stylized behavior: excessive provocative mannerisms beyond norm for the child’s age◆ Shy, withdrawn, overburdened appearance◆ Change in school grades◆ Running away◆ Self-destructive behavior◆ Substance abuse that is more than experimental◆ Unwillingness to participate in group activities
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	<ul style="list-style-type: none"> ◆ Stealing; shoplifting ◆ Pregnancy wishes ◆ Prostitution ◆ Fear or distrust of men, adults ◆ Statements about being “bad” or undesirable ◆ Wary of/avoidance of physical contact ◆ Excessive longing for affection ◆ Child assumes parental role, or role as spouse of parent (i.e., taking care of one or both parents and/or siblings, beyond normal role-playing for child’s age) <p>8. Circumstantial evidence linking the alleged perpetrator to the abusive act(s) (e.g., child was in care of the alleged perpetrator at the time the abuse occurred and no other reasonable explanation of the cause of the abuse exists in the record).</p>
B. Investigative tasks/activities to perform to classify case	<p>The following investigative tasks/activities MUST be completed (but not specific to the order listed) to classify a case within thirty (30) days from receipt of the report:</p> <ol style="list-style-type: none"> 1. Interview/observation of the child victim within the Priority Time Frame; 2. Interview of parent or guardian and alleged perpetrator; 3. Interview/observation of other children in the home and/or interview with other persons living in the home; 4. Notification to Juvenile Court of abuse/neglect report; 5. Review of prior records; 6. Make home visit where the alleged abuse occurred; 7. Make other site visits, as appropriate, where the alleged abuse occurred if not in the home; 8. If sexual abuse or severe abuse/neglect, convene CPIT: <ol style="list-style-type: none"> a) Preparation for the CPIT meeting will include: <ul style="list-style-type: none"> ◆ Completion of the CPIT form. The CPSI will ensure that all relevant portions of form CS-0561, Child Protective Investigative Team Review are completed, including a classification recommendation approved and signed by the Team Leader. ◆ Each member of CPIT will arrive with their position regarding the classification based on the information currently available to their respective discipline. b) The final classification decision will be at the discretion of the Department.

	<ol style="list-style-type: none"> 9. Request health records, forensic medical exams and/or psychological evaluations/exams; 10. Complete a background check; 11. Request law enforcement records/reports; request copy of forensic interviews; 12. Photographs may be taken to document both the well being of children and/or potential harm to children. Photographs will be taken if there are visible injuries to the victim(s). 13. Interview any witnesses or collaterals; and 14. Complete appropriate Structured Decision Making (SDM) and other assessment tools. 15. The CPSI must have regular contact with service providers. Contact may be by telephone, e-mail or face-to-face. 16. If case is classified as indicated at thirty (30) days, the case may be continued for thirty (30) more days to the sixty (60) day point. 17. If services are needed, the CPSI will acquire the needed services and may monitor the case to the sixty (60) day point. Note: A Family Service Team Meeting (FSTM) may be convened at any time during the course of the investigation if deemed necessary. 18. If services need to continue beyond sixty (60) days, an FSTM will be convened by the CPSI with the family, FSW, FSTL, and CPSTL. A Non-Custodial Permanency Plan, form CS-0787 will be completed by the FSW. FSTM will be convened ten (10) days prior to sixty (60) day closure.
C. Classification of allegation	<p>Each allegation will be classified according to one of the following options:</p> <ol style="list-style-type: none"> 1. <u>Allegation Indicated, Perpetrator Indicated.</u> This classification is appropriate when there is sufficient information and evidence to support the opinion that: <ol style="list-style-type: none"> a) The alleged incident occurred or harmful situation existed, and b) The alleged perpetrator named in the report was found to be responsible for the child's condition. c) To indicate the allegations and perpetrator, the case must have been based on one of the following allegations: <ul style="list-style-type: none"> ◆ Any report of harm that constituted severe child abuse as <u>defined in Work Aid 1 - Categories and Definitions of Child Abuse/Neglect.</u> ◆ Any report of child sexual abuse; ◆ Any report of the following physical injuries: <ol style="list-style-type: none"> a. Head trauma

	<ul style="list-style-type: none"> b. Broken bones c. Inflicted burns d. Organic functional impairment (injury to internal organs) e. Broken skin f. Shaken baby syndrome g. Defensive injuries h. Injuries related to physical confinement, or i. Infants exposed to illegal narcotics, including methamphetamine. <p>d) Any report of harm of the following types of neglect:</p> <ul style="list-style-type: none"> ◆ A child left without supervision in a dangerous environment; ◆ Lack of food or nurturance resulting in failure to thrive; ◆ Abandonment of a child; ◆ Lack of care that results in a life-threatening condition or hospitalization; ◆ Inaction of the parent resulting in serious physical injury <p>e) Any report that:</p> <ul style="list-style-type: none"> ◆ Results in the removal of a child from the home. ◆ Involves a caretaker at any institution, including but not limited to any licensed daycare center, public or private school, or hospital. ◆ Results in any other class of injury. <p>2. <u>Allegation Indicated, Perpetrator Unfounded.</u> This classification is appropriate when there is sufficient information and evidence to support the opinion that:</p> <ul style="list-style-type: none"> a) The alleged incident occurred or harmful situation existed, but b) The alleged perpetrator named in the report was not found to be responsible for the child's condition <p>3. <u>Allegation Indicated, Perpetrator Unknown</u></p> <p>This classification is appropriate when there is sufficient information and evidence to support the opinion that:</p> <ul style="list-style-type: none"> a) The alleged incident occurred or harmful situation existed, but b) No alleged perpetrator was named in the report or identified through the investigation. c) If the case involves a removal prior to classifying, CPSIs will confer with regional legal staff to ensure that all resources have been exhausted to reach a conclusion regarding the identity of the alleged perpetrator(s). Additional support services may be obtained through central office.
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	<p>4. <u>Allegation Unfounded, Perpetrator Unfounded</u>. This classification is appropriate when:</p> <ul style="list-style-type: none"> a) There is insufficient information and evidence to support the opinion that the alleged incident occurred or harmful situation existed, and b) The alleged perpetrator named in the report was not found to be responsible for the reported maltreatment. <p>5. <u>Exempt from Finding: Child with Sexual Behavior Problems</u></p> <ul style="list-style-type: none"> a) A child age 12 and under shall not be named as an alleged perpetrator. b) Children ages 13 to 17, if in a non caretaker role or children with mental health (low functioning) issues shall not be named as an alleged perpetrator. c) Children ages 13 to 17, who are in a caretaker role, may be named as an alleged perpetrator. <p>6. <u>Unable to Complete</u>. This classification is appropriate when:</p> <ul style="list-style-type: none"> a) The CPSI is unable to locate the alleged victim and his or her family after a diligent search and good faith attempt to locate. Refer to DCS Policy <u>14.5 Child Protective Services Planning, Initiation and Assessment of Safety and Protection</u> for documentation procedures. b) The incident occurred in another state and DCS participated in investigative activities or offered services, but has no ability or authority to formally identify a perpetrator. <p>7. <u>Determination of severe abuse</u></p> <ul style="list-style-type: none"> a) The CPSI will determine if each indicated allegation meets the criteria for severe child abuse. b) The determination will be approved by the Team Leader and documented for each indicated allegation on form CS-0740, CPS Investigation Summary and Classification Decision of Child Abuse/Neglect Referral and in TNKids, by entering "Yes" or "No" in the box labeled "Severe Abuse".
<p>D. Documentation of classification decisions</p>	<p>The CPSI will document the classification decision and supporting information on the form CS-0740, CPS Investigation Summary and Classification Decision of Child Abuse/Neglect Referral and in the appropriate TNKids screens.</p>
<p>E. Notifications</p>	<p>Upon completion of classification the CPSI will provide:</p> <ul style="list-style-type: none"> 1. Each region will notify the Juvenile Court District Attorney at least once per month with a complete written and signed summary of the <u>results of every child abuse and neglect investigation</u> on form CS-0740, CPS Summary and Classification Decision of Child Abuse/Neglect Referral.

	2. The District Attorney General with a written summary of the results of every <u>indicated sexual abuse and severe child abuse investigation</u> once per month after the investigative classification decision has been made on form <i>CS-0740, CPS Summary and Classification Decision of Child Abuse/Neglect Referral.</i>
F. Notification of indicated perpetrator's right to file review	<p>1. In every investigation that results in a classification of "allegation indicated, perpetrator indicated", the person classified as the indicated perpetrator must be notified of his or her right to a formal file review as outlined in DCS Policy <u>14.10, Child Protective Services Formal File Review Process</u> and outlines:</p> <ul style="list-style-type: none"> a) Rights of all perpetrators; b) Case File Review Process; c) Due Process; and d) Emergency Due Process. <p>2. The CPSI will follow DCS Policy <u>14.11, CPS Due Process Rights and Reviews</u> when the person named as the indicated perpetrator has access to children through his or her employment or volunteer activity.</p>
G. Referral to early intervention services	<p>1. In every investigation that results in a classification of "allegation indicated" on a child age three (3) and under, the CPSI will make a referral for screening and eligibility determination to the Tennessee Early Intervention Services (TEIS) program through the Tennessee Department of Education (DOE). The CPSI will call 1-800-852-7157, a toll free telephone number dedicated by DOE for this type of referral, and provide the requested information below:</p> <ul style="list-style-type: none"> a) The child's name, date of birth and contact information; b) The biological and/or custodial parent's name and contact information; c) The foster parent's name and contact information, when applicable; and d) The CPSI's name and contact information. <p>2. The CPSI will notify the child's parents/foster parents of the referral and will document in TNKids that the referral was made.</p>
H. Staffing by the Child Abuse Review Team	All indicated cases of child abuse must be presented to the Child Abuse Review Team (CART) for its review and recommendations prior to the end of the investigation. The date that the case was reviewed and a list of any recommendations will be documented in the TNKids case recordings. All actions taken in response to the CART recommendations will be documented in the case recording and on form <i>CS-0729, Child Abuse Review Team (CART) Review.</i> If the CART recommendations are not followed, the CPSI will

	document an explanation in the TNKids case recording.
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Forms:	<u>CS-0561, Child Protective Investigative Team Review</u> <u>CS-0729, Child Abuse Review Team (CART) Review</u> <u>CS-0740, Child Protective Services Investigation Summary and Classification Decision of Child Abuse/Neglect Referral</u> <u>CS-0787, Non-Custodial Permanency Plan</u>
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Collateral documents:	<i>None</i>
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Glossary:	
Term	Definition
Preponderance of evidence:	The greater weight of the evidence required in a civil (non-criminal) lawsuit for the trier of fact (jury or judge without a jury) to decide in favor of one side or the other. This preponderance is based on the more convincing evidence and its probable truth or accuracy, and not on the amount of evidence. Thus, one clearly knowledgeable witness may provide a preponderance of evidence over a dozen witnesses with hazy testimony, or a signed agreement with definite terms may outweigh opinions or speculation about what the parties intended. Preponderance of the evidence is required in a civil case and is contrasted with "beyond a reasonable doubt," which is the more severe test of evidence required to convict in a criminal trial. No matter what the definition stated in various legal opinions, the meaning is somewhat subjective.